



Client Services Referral Form (If possible, please complete form electronically)

Client Information			
*Referral Date:			
*Last Name:		*First Name:	
Preferred Name:		*DOB:	Gender:
Health Card #:		Version Code:	Exp Date:
Address:			City:
Suite/Unit Number:		Postal Code:	Province:
Phone #:	Cell #:	Email:	
Primary Language:		Translator Requested: Yes No	
Alternate Contact & Relationship:			Phone #:

Referral Information (Please fill out as much as possible)			
Self-Referral:	*Only 1 referral option should be chosen (Self, Community, or Health Care Facility)*		
Community Referral:	Facility/Agency:		
Health Care Facility:	Facility/Agency:	Unit and Room Number:	
Admission Date:		Discharge Date:	
*Referred By:		*Contact #:	
Is this referral for the family member of someone with an SCI: Yes No			

Client Disability (Please fill out as much as possible)		
Spinal Cord Injury (SCI):	Complete SCI:	Date of Onset:
Non-SCI:	Incomplete SCI:	
Cause:		SCI Level:
Traumatic:	Details of Diagnosis:	
Non-Traumatic:		
Other Health Conditions:		

Referral Assessment (Please fill out as much as possible)			
Is Insurance or WSIB Involved in your case: Insurance WSIB None Unsure			
Do you have a home/housing to return to?		Is your home/housing accessible:	
Yes No	Yes No Unsure		
Do you live/Will you be living alone? Yes No	Will you require support services Yes No Unsure		
Are you currently employed: Yes No	Source of Income:	ODSP	CPP EI
		OW	Unknown
Other: _____			

Are you working with any community agencies: Yes No Unsure		
Mobility Devices/Information Technology:		
None	Cane	Walker
Manual Chair	Power Chair	Scooter
Laptop/Tablet	Talk to Text	Smart Phone
Other: _____		
Are you interested in meeting/talking with someone from Peer Support?		Yes No
Are you interested in working with someone to access resources in your community:		Yes No
Are you looking only for more information at this time?		Information only please
What are the reason(s) for your referral to Spinal Cord Injury Ontario?		

I would like to subscribe to the complimentary Spinal Cord Injury Ontario membership. By checking this box and providing my e-mail and home address above, I consent to receive information about membership benefits, upcoming events, and the latest news from Spinal Cord Injury Ontario. We respect your privacy and you can unsubscribe at any time.

***I/The Client consent(s) to this referral being made to Spinal Cord Injury Ontario's programs and services**

Please note a post discharge follow up call may be made by SCI Ontario.

Spinal Cord Injury Ontario respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We will not rent, sell or trade your personal information. The information you provide to us will be used to deliver services and to keep you informed and up-to-date on the activities of Spinal Cord Injury Ontario. The information we collect from you is protected under the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Personal Health Information Protection Act (PHIPA).

Please send your referral form to: referrals@sciontario.org

Please note, mandatory fields are outlined in red and marked with an *